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EFFECT OF BILINGUAL SPEECH-LANGUAGE PATHOLOGY TRAINING ON CLINICIAN CONFIDENCE

A Thesis

Presented to the

Faculty of the Department of Communicative Disorders and Sciences

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree of

Masters of Arts

by

A. Quinn Brightenburg

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07/13/06

ABSTRACT

EFFECT OF BILINGUAL SPEECH-LANGUAGE PATHOLOGY TRAINING ON CLINICIAN CONFIDENCE

The purpose of this study was to provide a better understanding of clinician confidence as it relates to bilingual, Spanish/English, training for speech-language pathologists (SLP). The study was conducted through the use of written interview questionnaires. The subject pool included 13 bilingual, Spanish/English, SLPs. Based on the responses to the questions the participants' experiences were compared in relation to their perceptions of training impact on confidence, the relationship between training and confidence, the relationship between language learning environment and confidence, the relationship between initial confidence and Spanish language background, and perceived benefits and deficiencies of bilingual training. The findings indicated that language learning environment and background might play a larger role than training as a predictor for higher confidence levels. The information gained in regard to quality of bilingual training seemed to show that, although many programs cover a wide array of applicable areas, programs could benefit from affording their students more exposure to situations, clients, and mentors that could guide students in developing their bilingual clinical skills.

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Dr. Meyerson

Dr. Galvan

Dr. Langdon

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CHAPTER ONE: INTRODUCTION

This study was designed to investigate how bilingual Spanish/English training for speech-language pathologists (SLPs) impacts the confidence of SLPs in serving bilingual Spanish/English populations. Additionally, it aimed in part to complement or add to the information currently available regarding efficacy of bilingual Spanish/English professional preparation programs and show the link to clinician confidence in working with bilingual Spanish/English populations. The study uncovered some of the perceptions of bilingual Spanish/English clinicians regarding the efficacy of bilingual training as a whole. The study tried to discern which aspects of training are most important for preparing SLPs to work with the targeted populations.

These issues merit attention in large part because of the shifts in the ethnic/cultural makeup of the population of the U.S. The continual increase in migration of people from different ethnic, cultural, and linguistic backgrounds has created a greater diversity of people living in the U.S. There are increasingly more people who speak languages other than English and who have different cultural backgrounds, which is causing a shift in how services are delivered. Services must be delivered in a manner that takes into consideration people who speak other languages or were raised with cultural beliefs different from mainstream Americans.

The study sought to uncover some information about clinicians' perceptions about the quality of current bilingual training programs, which might have predictive value for how programs could be changed in order to become more effective in training and preparing bilingual SLPs. Additionally, the study compared clinicians' confidence upon

entrance into the field based on the type of training they received. The information gained from these comparisons shed light on the important components of bilingual training as it relates to developing confidence. Furthermore, it suggested components that bilingual programs can emphasize in order to improve efficacy in preparing SLPs to work in the field.

There is currently a great shortage in the number of SLPs who are qualified to competently serve bilingual Spanish/English clients. The need is increasing, thus showing a widening gap between those who are able to serve this population and what is needed to satisfy the demand. There are many reasons for this shortage, one of which seems to be lack of and/or inadequate training programs designed to train SLPs to work with bilingual individuals.

The underlying questions for this study were: 1) How does bilingual training, formal or informal, impact the confidence of a group of selected clinicians? 2) What type of training was most helpful in preparing the clinicians and what was lacking in the training experiences? 3) Did the clinicians feel prepared, in general, upon entering the field and working with their bilingual Spanish/English speaking clients?

For the purpose of this study, clinician confidence was defined as the clinician's feelings of preparedness and competence in providing services to the target population. Training was considered in terms of two groups in order to allow for comparisons between different training experiences or backgrounds. The training groups were as follows: 1) no formal or informal instruction in the theoretical bases or the practical application of treating bilingual Spanish/English populations, or 2) informal/formal

training in the areas of theoretical/academic as well as practical application of the principles and techniques necessitated in working with bilingual Spanish/English populations.

The following terms and acronyms were used throughout the course of this paper: SLP, a speech-language pathologist, someone who works in the field of speech-language pathology and deals with disorders in communication and swallowing; ASHA, the American Speech-Language and Hearing Association, the national organization of speech-language pathologists; bilingual, used in reference to Spanish/English bilingualism; Spanish/English bilingual, facility to use both Spanish and English in varying contexts.

The study followed a qualitative design; the foundation of the study was based on data that was drawn from previous quantitative studies. Some of the limitations of the study could be attributed to the research design; however, it is important to recognize the benefits this type of research can provide as well. Qualitative research provides the author with the power to explore human action (meaning and behavior) rather than merely observing behavior (Krathwohl, 1998). It allows the researcher to investigate and explain multidimensional relationships in all their complexities (Krathwohl, 1998). However, the techniques associated with this methodology prevent the research from providing causal or comparative relationships, allowing the research extremely limited "linking power" or internal validity (Krathwohl, 1998). In other words, several alternative explanations could be generated around the interpretation of the evidence. There are many random influences and extraneous variables that cannot be accounted for,

compounding the fact that the interpretation of the evidence and any knowledge claim may be scrutinized.

Further limitations caused by qualitative research methods included the inability to generalize the study's findings to other populations due to factors such as sample size, limited geography for participant selection, and participant background (e.g., language background, ethnicity, gender). The participant selection method, though used often in qualitative research, adds to this limitation. "Purposive sampling" allows researchers carrying out qualitative studies to target participants that will allow for proper representation in investigating their research aims (Krathwohl, 1998). The participants were also selected in part based on availability and willingness to participate.

The study was designed to compare clinicians' feelings of confidence upon entrance into the field as it relates to their level of pre-service training. The participants were limited to those practicing as current school based SLPs who were Spanish/English bilingual, and serving a Spanish/English bilingual population. The delimitations on the type of training considered were: 1) no training, or 2) both academic and practical training. The participants were therefore placed into one of these two groups based upon their questionnaire responses.

Current shortages of SLPs who are prepared to serve bilingual Spanish/English populations is a nationwide problem. This study yielded information that could be used to develop new bilingual training programs as well as change or improve existing training. Augmentation and improvement in the way SLPs are trained and instructed for serving bilingual clients may help prepare SLPs for the increasing demand for service

provision of bilingual clients. Program and training changes may also increase the number of SLPs who are able to serve this population, thus addressing the current shortage of SLPs who are able to address the needs of the bilingual Spanish/English population.

CHAPTER TWO: LITERATURE REVIEW

In the pursuit of understanding whether, and how, SLPs' confidence in serving bilingual Spanish/English individuals is affected by their training, it seems important to look at related issues. The following segment of this document will look at several of these related issues: 1) the minority population shift, specifically Hispanic Spanish/English bilinguals, 2) the differences in assessing and providing services to the bilingual Spanish/English population, 3) the American Speech-Language and Hearing Association's initiatives for improving service provision to this population, 4) the history of and current trends in bilingual speech-language pathology training programs, and 5) a review of existing research on the ties between SLPs' clinical confidence and the training they have received.

Minority population shift

The population of minority groups in the United States has been increasing in the past decade, surpassing the growth rate of mainstream populations according to the United States Census of 2000 (U.S. Census Bureau, 2000). The Hispanic population (the term Latino is often used synonymously) has increased by 58% over the past decade in comparison to an 18% increase of the overall U.S. population (U.S. Census Bureau, 2000). As the fastest growing minority population in the country, Hispanics make up 12.5% of the total U.S. population (U.S. Census Bureau, 2000).

Spanish is the shared language among different subgroups, and is spoken by the majority, though not all of those who are designated as Hispanic or Latino (Cofresì & Gorman, 2004). Kayser (1998) stated that the U.S. has the 5th largest Spanish speaking

population in the world. In fact, results of census information from 2000 show that 18% of the U.S. population speak a language other than English and of this group Spanish is the most frequently spoken, with a 60% increase from 1990 (U.S. Census Bureau, 2000). Of the approximately 28,000,000 Spanish speakers surveyed in the 2000 census about 49% reported they could speak English less than "very well".

Census data showed that 14.9% of students in the U.S. public schools are Hispanic, which equals the percentage of Caucasian students (U.S. Census Bureau, 2000). Additional questions about proper service provision must be raised when looking at the educational environment, including general and special education, and the population of English language learners (ELL) who are Spanish speakers. Macias (2000) showed that more than three fourths (78%) of the English language learners are Spanish speakers. The author also noted that the percentage of ELL students is steadily increasing in the U.S. public school system. Although still a fraction of schools' population (7% of total school population), the number of ELL students has increased by 73% from 1997/1998 to 2000/2001 in middle and high schools, and by 44% in elementary schools (Macias, 2000). Based on this data it may be concluded that the number of ELL students with a Spanish background is growing; this makes it necessary to provide instruction and associated services (e.g., special education services) to students who speak Spanish as their primary language.

Wright-Harp and Muñoz (2000) cited multiple sources that show that historically children who do not speak the primary language of their country of residence as their first language have been misplaced, and therefore misrepresented, in special education. The

authors further noted that the Spanish speaking populace living in the U.S. is specifically affected by this phenomenon. It is therefore foreseeable that many of these ELL students, including those with a Spanish language background, will be identified as needing language intervention services and/or other special education services in addition to their general education needs (National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs, 2005).

Burnette and Warger (2000) noted the disproportionate ratio of students from linguistically and culturally diverse backgrounds who are represented in special education as compared to the percentage found in the educational system as a whole. This trend has prompted questioning about the reasons for the inconsistencies between the ratios of children identified for special education and the percentages seen in general education (Burnette & Warger, 2000). Burnnett and Warger (2000) referred to research that is being done about the reasons for the misrepresentation of minorities in special education and presented the following compilation as contributory factors for this trend: "family and community issues, external pressures in schools (i.e., mandated curriculum, high stakes assessments), classroom instruction and management, and teacher perceptions and attitudes" (p. 1).

Hispanic misrepresentation in special education can be attributed in part to the vast linguistic and cultural diversity that exists within this ethnic group (Wright-Harp & Muñoz, 2000). Not only is there immense dialectal variation (i.e., approximately 20 dialects of Spanish spoken by the Hispanic population), but there is also a broad range of variability in language proficiency levels for both the first and second languages of

children entering the educational system (Wright-Harp & Muñoz, 2000). Thus, noted the authors, depending upon the influence of the English language on the native culture of children, they may possess varying abilities in English upon entrance into school and/or become proficient in it at different rates. With so much discrepancy from case to case, it becomes very difficult to discern whether the difficulties a Spanish speaking Hispanic child is having while learning a second language are due to individual differences, external factors, cultural differences (e.g., prior exposure or lack of exposure to English in comparison to other Hispanic children), or due to an actual disorder (Wright-Harp & Muñoz, 2000).

In addition to the misrepresentation of Spanish speaking students in special education, the high school dropout rate (approximately 21% according to the 2000 U.S. Census, up from 11.6% in 1991) that corresponds with the Hispanic population seems to raise questions about the ability of educators and special education professionals (e.g., teachers, speech-language pathologists) to adequately adapt to the needs of this growing population. Wright-Harp and Muñoz (2000) stated that the steady increase in Hispanic children in the U.S. educational school system since 1974 has forced educators to reevaluate their methods of instruction in order to respond to the needs of a population with different cultural and linguistic backgrounds. Educators must recognize and address the needs of students with varying and often limited English ability so that they can be successful in the current educational system.

Differences in assessing and treating bilingual individuals

Providing appropriate services and education for the bilingual Spanish/English population has been a source of controversy since before the Bilingual Education Act was passed more than twenty years ago (American Speech-Language-Hearing Association, 1985). In order to understand how best to serve this population it seems necessary to understand the differences in service provision between bilingual Spanish/English individuals and monolingual English speaking individuals.

Language differences between a client and a service provider (e.g., bilingual Spanish/ English vs. English only) can limit communication between the professional and the client, especially in cases where English proficiency is limited (American Speech-Language-Hearing Association, 1985). An essential component of the work of an SLP seems to be effective communication. It therefore seems reasonable to assume that when the means of communication (i.e., the language) is not shared completely in the dyad, difficulties may arise. Differing forms of communication (e.g., language differences) may have an effect not only on how a message is relayed but also in how it may be interpreted. Overall rapport and trust in the professional-client dyad can therefore be greatly affected by language differences, even when the specific assessment (e.g., hearing evaluation) or intervention is not greatly impacted (American Speech-Language-Hearing Association, 1985).

Most areas under the scope of practice for speech-language pathology (e.g., language, voice, fluency) require clinician knowledge of both languages of bilingual individuals as well as specific background and skills in both languages (American

Speech-Language-Hearing Association, 1985; American Speech-Language-Hearing Association, 2004; American Speech-Language-Hearing Association, 2005). SLPs must be able to distinguish between a language difference and a language disorder, which is an especially demanding feat when working with an individual who speaks more than one language (American Speech-Language-Hearing Association, 2004; Kritikos, 2003). When working with bilingual Spanish/English individuals this task is complicated further by the vast amount of linguistic variation that exists within the Spanish language and within each individual, in vocabulary, pronunciation, and language competency or proficiency (Cofresì & Gorman, 2004). Cofresì and Gorman (2004) also explained that bilingual Spanish/English individuals express themselves differently depending on the language they use, and may even respond differently to the same question on an assessment depending on the language of administration and/or response. The language (or languages) being used affects all aspects of interaction or assessment. It is therefore important to understand the intricacies of the languages the individuals are using and the linguistic demands of varying environments in order to draw accurate conclusions about their abilities (Cofresì & Gorman, 2004).

Winter (1999) elaborated on some additional complications in treating bilingual children in relation to service provision in speech-language pathology. Winter (1999) explained that the majority of theoretical and practical approaches have been designed specifically for the English language. Additionally, Cofresì and Gorman (2004) noted that even the measures designed for the Spanish speaking population may not transcend all cultural and/or linguistic boundaries within the Spanish language (e.g., the norming

population may not represent all Spanish speaking cultural groups) and may therefore not be reliable and valid with all Spanish speaking clients. Thus, it is important to avoid using methods for translation or augmentation of assessment and treatment tools that are not evidence based (Winter, 1999; Cofresì & Gorman, 2004). If translated or modified materials are used, proper testing should be done to ensure reliability and validity, as the content and/or meaning often will not carry over and may not translate to all cultures within the Spanish/English bilingual population (Winter, 1999; Cofresì & Gorman, 2004). Additionally, interpreters and translators should be properly trained and briefed to ensure accuracy of the transfer of content and meaning (Langdon, 2002).

Individuals who are bilingual are often bicultural and therefore unify differing beliefs, values, and perceptions in their everyday lives (Cofresì & Gorman, 2004). Many bilingual individuals must synchronize differences between two languages and the cultural connections that are inherently linked to language (Cofresì & Gorman, 2004). Because of this, service provision may vary in a variety of ways as compared with monolingual individuals. Harry (2002) found six areas of difficulty that can be encountered when working with culturally diverse, and often linguistically diverse, clients and their families. These areas of difficulty are as follows:

> "1) cultural differences in definitions and interpretations of disabilities; 2) cultural differences in family coping styles and responses to disability-related stress; 3) cultural differences in parental interaction styles, as well as expectations of participation and advocacy; 4) differential cultural group access to information and services; 5) negative professional attitudes to, and perceptions of, families' roles in the special education process; and 6) dissonance in the cultural fit of programs"(Harry, 2002, p.136).

Harry (2002) stated that these six areas of difficulty affect service provision in that they play a role in how professional training is carried out, how services are developed and implemented, and how programs are adapted and assessed.

Cofresì and Gorman (2004) addressed these areas of difficulty with recommendations and considerations for the client, the assessment tools, and the assessor. The "client issues" included investigation of language and cultural background, language dominance, assessment administration in the language that is dominant, instruction about testing expectations, and abidance by social decorum for improved comfort for the client (Cofresì & Gorman, 2004). The "assessment issues" suggested by the authors referred to the necessity of ensuring the validity and reliability of testing measures, especially in the case of translated tools. In addition, the authors recommended the use of appropriate assessment procedures that are flexible to cultural preferences and conventions of the client. Cofresì & Gorman (2004) delineated "clinician issues" as those related to avoiding personal biases and prejudices that might affect administration procedures or interpretation of performance, and recommended bilingual Spanish/English professionals as the ideal in working with bilingual Spanish/English clients. If a bilingual professional is not available, the authors suggested that the clinicians become informed about cultural characteristics and influences and use culturally sensitive measures. Although a specific and direct assessment and intervention plan still seems to be unavailable for working with bilingual Spanish/English individuals, the recommendations of researchers such as the ones noted above may help in the formulation of a framework to which SLPs can refer in

order to guide them through the process of serving the bilingual Spanish/English population.

ASHA initiatives for improved service provision for bilingual individuals

Although the American Speech-Language and Hearing Association (ASHA) does not have specific guidelines for assessment and treatment of bilingual individuals, it does provide recommendations for clinician competence, depending upon the client's language proficiency (American Speech-Language-Hearing Association, 1985; American Speech-Language-Hearing Association, 2004). It also recommends strategies that can be used in serving this population (American Speech-Language-Hearing Association, 1985; American Speech-Language-Hearing Association, 2004). Additionally, ASHA has delineated or defined the components necessary for an SLP or audiologist to be considered competent to practice as a bilingual professional (American Speech-Language-Hearing Association, 1989). The bilingual competency levels and defining characteristics of a bilingual SLP delineated by ASHA serve as a guide for how SLPs should be prepared to differentiate between a language difference and a language disorder, which is one of the most essential but most difficult components of working with bilingual individuals (American Speech-Language-Hearing Association, 1985; Kritikos, 2003).

Because an SLP works with the intricacies of language differences versus disorders he/she requires special instruction and training (Wright-Harp & Muñoz, 2000). In recognition of this fact as well as the societal changes regarding minority populations, ASHA initiated a change in the training methods for the fields of speech-language

pathology and audiology by requiring instruction about bilingual and multicultural issues and expecting competence in serving children from diverse backgrounds, including bilingual Hispanic children (American Speech-Language-Hearing Association, 1985).

The ASHA recommendations for clinical competence for serving bilingual individuals include language proficiency in the minority language, knowledge about the normal acquisition process of the language, the ability to assess and provide intervention in the minority language, and cultural sensitivity and understanding about the culture associated with the minority language (American Speech-Language-Hearing Association, 2004). It is, however, recognized that different professional competency levels are required depending on the level of bilingual competency of the client (Cofresì & Gorman, 2004; American Speech-Language-Hearing Association, 2004). The bilingual competency levels recommended by ASHA apply when working with individuals with limited English proficiency as well as with those with limited abilities in both languages, as assessment of these types of individuals necessitates the use of both languages (American Speech-Language-Hearing Association, 2004). These competency levels were established to aid training programs in preparing students for service provision to individuals from diverse cultural and linguistic backgrounds (American Speech-Language-Hearing Association, 2004).

Historical review of bilingual program development

Since the 1981 ASHA article "Speech-Language-Hearing Services for Hispanics," awareness and recognition of the need to improve training and increase the knowledge base for working with bilingual Hispanic populations has been growing

(Malone, 1999). Is the growth of resources in this area sufficient to match the growing need for service provision in the U.S.? Malone (1999) quoted Hortensia Kayser's 1998 interview as she described a pivotal recognition of the Hispanic populations with communicative disorders during the ASHA sponsored conference "Adelante" in1991. She described this as a cathartic event in developing awareness for these populations in relation to the field of speech-language pathology. "Adelante" helped to instigate the formation of the Hispanic Caucus, which began meeting annually beginning the following year at the 1992 ASHA convention (Malone, 1999; Screen & Anderson, 1994).

The Hispanic Caucus was formed with the primary aim of serving as a network for Hispanic and non-Hispanic professionals in the field of speech-language pathology and audiology who were serving the Hispanic or Latino populations (Screen & Anderson, 1994). Issues that have been addressed include student and minority recruitment, improving the training that is provided in this area in graduate programs, and retention of students and professionals (Malone, 1999).

Although great advances appeared to occur during the 1980's and 1990's, training for students studying to be SLPs and audiologists continue to be lacking. Kayser stated in her interview that the ASHA requirement of one course in multicultural and bilingual issues, obligatory to university programs, is variable because the programs are individually allowed to decide how to incorporate this requirement (Malone, 1999). Essentially, Kayser indicated that universities were not adequately preparing students to work with bilingual populations (Malone, 1999). At the time of her interview, Kayser

stated that there were approximately nine existing programs with minority or bilingual emphases in the entire country (Malone, 1999).

Current trends in bilingual training in speech-language pathology programs

ASHA recently recognized sixteen colleges and universities across the country that offer graduate speech-language pathology programs with some variation of bilingual/multicultural (Spanish/English) emphasis and/or specialty certification (http://www.asha.org/about/leadershipprojects/multicultural/opportunities/hbi.htm). This is an increase of seven when compared to Kayser's reports in 1998. On a positive note, it seems that the number of programs that provide some type of bilingual Spanish/English training are increasing; however, the question remains whether these programs are serving their purpose, that is whether they are effective in adequately preparing students to work with bilingual Spanish/English populations.

Due to the changes mandated by ASHA, research studies have been done that focus on the trends and efficacy of bilingual SLP training programs. Stewart and Gonzales (2002) spoke of these educational shifts as a "continuum of cultural competence" along which SLPs must progress in order to become culturally-competent clinicians. The process of acquiring cultural competence, according to Stewart and Gonzales (2002), involves extensive planning and coordination. The authors made some suggestions to aid the forward development of cultural competence in the field of speech-language pathology. Stewart and Gonzales outlined three goals (2002):

> "1) Increasing the diversity of speech-language pathologists; 2) increasing quantity and quality of research regarding prevention, normal development, assessment, and treatment of communication disorders across diverse populations; and 3) improving academic and clinical preparation in the areas of assessment and

> treatment of communication disorders and differences in diverse populations" (p. 205).

In their study, Stewart and Gonzales (2002) surveyed all speech-language pathology professional preparation schools and found that, although many programs were trying to improve in the areas identified by the researchers, many programs still needed advancement in order to truly be effective in training their students to deal with diversity issues in the field.

Cheng, Battle, Murdoch, and Martin (2001) also proposed a set of components that are of great importance when educating SLPs to be culturally competent. The four critical elements for educating culturally sensitive SLPs identified by Cheng et al. (2001) were: "1) a culturally competent faculty; 2) a diverse student body; 3) a multicultural academic curriculum; and 4) multicultural clinical education" (p.122). It is noted that cultural competence means more than knowing the client's language. Clinicians must have awareness and compassion regarding clients' needs, as well as ownership and consciousness of their own beliefs and biases, in order to build a trusting relationship with clients.

Cheng et al. (2001) additionally suggested an overall "paradigm shift" in the educational process and well as therapeutic process; one that moved away from the "transmission model" and towards the "negotiation model". The authors noted that the negotiation model is in place in several other countries, as for example in the United Kingdom. This model involves taking the perspective of the clients' culture and negotiating with them rather then dictating the course of therapy, as is characteristic of the transmission model (Cheng et al., 2001). Cheng et al. (2001) de-emphasized the

importance of content-based learning and stressed the process of learning overall sensitivity to cultural variation. Recommendations for improvement of speech-language pathology programs in the area of multiculturalism were: improving faculty training in existing programs, developing faculty and student exchange programs with practical application opportunities abroad, increasing use of technology as means to spread information and gain exposure to other cultures, maximizing usage of information technology for continued learning and knowledge enhancement, and increasing collaboration with other institutions and/or cultures through information and data exchange (Cheng et al., 2001).

Clinician confidence treating bilingual populations

Although programs are improving in their incorporation of multicultural and diversity issues into the curriculum of speech-language pathology programs, some studies, as well as investigations by ASHA, have found that the training of most SLPs on bilingual and/or multicultural issues is slim to nonexistent (Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004). The authors indicated that confidence levels of SLPs in treating individuals from diverse linguistic and cultural backgrounds had a strong link to training received prior to and during the course of providing services. Hammer et al. (2004) found evidence that was corroborative of the findings of earlier studies relating to the correlation between clinician confidence and pre-service training. The authors found relatively low confidence levels in clinicians that had had little training specific to the area of multiculturalism and/or linguistic diversity. The study also showed that the pre-service training as well as continuing education activities, for most, covered a very

limited scope of issues and topics in relation to the areas of bilingualism and multiculturalism (Hammer et al., 2004). Hammer et al. (2004) stated that although SLPs are receiving more training in multicultural issues than was found in past studies it was still essential that efforts continue to improve training and education and expand SLP awareness of these issues.

CHAPTER THREE: METHOD

It is very important to address the shortage of SLPs qualified to assess and treat bilingual Spanish/English individuals as the need for SLPs trained in this area is increasing exponentially with time. One area of focus in relation to this issue is how best to educate, train, and prepare SLPs to serve the bilingual Spanish/English client population. This study considered the opinions of bilingual SLPs regarding the effect of their personal experiences and the influence of pre-service training on their confidence in serving the bilingual Spanish/English population. Investigation in this area was used as a means to discover information that might be useful for improvement and development of bilingual speech-language pathology training programs.

Participants

Thirteen licensed/credentialed bilingual Spanish/English SLPs who were currently serving bilingual Spanish/English speaking individuals as at least part of their caseloads were consulted for the study. The clinicians all served bilingual Spanish/English clients on their caseloads upon entry into the field. The participants were placed in one of two groups depending upon their responses to written interview questions. The two groups were as follows: 1) no specific bilingual speech-language pathology training prior to beginning work as a certified SLP and 2) specific bilingual training in the form of academic/theoretical and practical application prior to beginning work as a certified SLP. The participants were selected based upon their reported prior training experience as well as their current working environment. Additionally, their

participation in the study was based on their initial willingness/consent to respond to the written interview.

An agency that contracts and trains bilingual SLPs and places them in schools across the nation was used as a source for half the participant population. The remainder of the participants were selected based on professional referrals within the field in order to reduce bias that might occur if all the SLPs interviewed were from the same agency. The bilingual SLPs were trained at a variety of accredited institutions across the country and were not selected based upon where they received their training. In order to reduce bias, no bilingual SLPs were included who had received training through the university with which the researcher is affiliated. The participants were currently working in locations that span the nation. They were not selected based on their current location of employment. The SLPs were not selected or ruled out based on age or gender; both genders are represented within the participant group (1 male, 12 females). The SLPs were not selected or ruled out based on their language background; therefore, there is representation of people with a variety of language acquisition backgrounds (e.g., those who learned Spanish and English in a bilingual home environment, those who learned Spanish through school, and those who were raised in a Spanish country).

Instrumentation

The study design and instrumentation format was based on the principals of qualitative research methodology, which involves investigation or data collection through interviews, as discussed by Krathwohl (1998). The instrumentation method used for this study was an adaptation of an interview format common in many qualitative research

designs. Based on relative ease of technological access in the world today, a mixed mode of interaction was utilized. This involved both online written interaction (through email) as well as correspondence through mail. Although the lack of face-to-face contact eliminated the researcher's ability to make observations of the participants' behavior and reactions, it limited the bias caused by interviewer characteristics that often ensues with this type of interview format (Krathwohl, 1998).

Responses were obtained in the following manner: 1) an initial interview questionnaire, comprised of a primary set of 12 piloted questions, was sent to all participants, and 2) five follow- up or exploratory questions were sent out to gather supplementary information. The written interview questionnaire was developed specifically for this study. The information included in the survey was based in part on the researcher's investigation questions and in part on the survey used in the study by Hammer et al. (2004).

Phase 1 of the written interview allowed participants to individually interpret the questions without input from the researcher, and gave the participants the flexibility in how they wanted to respond. The interview questions were designed to allow for several types of response modes. Ten of the 12 questions required participants to answer in the form of a lickert rating scale or selection from a four-choice list. Two of the 12 questions requested the participants to qualify their responses or provide open-ended written responses. Space was provided with each question in order to allow participants to add to their answers should they wish, and the 13^{th} question prompted all participants to add additional comments about their experiences in general. The questions were presented in

an order that began with more general background questions, which were used for grouping participants. These questions narrowed down to the final questions, which addressed the central research questions more specifically.

The content of the survey focused on SLPs' experiences upon entering the field as bilingual SLPs and how their prior training and language background affected their feelings of confidence. The content of the questionnaire included questions that covered the following areas: academic and language background, type of client population served, feelings of confidence based on perceived entry-level preparedness and competence as a result of their bilingual training, and opinions about changes that should be made to the bilingual training process (see Appendix A for complete list of phase 1 questions).

Phase 2 of the written interview process allowed the researcher to probe for information that may have been left out in the initial phase of questions. The follow-up questions were developed after reviewing the initial data. These questions were all posed in an open-ended format to encourage participants to elaborate on their experiences (see Appendix B for complete list of phase 2 questions).

Procedure

Interaction between the researcher and participants took place over the course of various email notifications during the research period in order to establish contact and prepare the participants for what would be expected of them in general. The written interview questions were administered via email attachment, or through the mail, depending upon participant preference. Likewise, the responses were returned in one of these two manners. The participants responded in writing to all interview questions

developed for this study independently, but were allowed to ask clarifying questions about the survey items if necessary. This opportunity for clarification was allowed for the purpose of yielding the most comprehensive responses possible.

Data analysis

The quantitative response components of some of the questions were used to develop initial groupings. This data was then analyzed in a qualitative manner in order to discover trends and relationships. The written interview responses were analyzed following a qualitative manner of data analysis. The process involved comparing the responses of each participant in order to find commonalities between participants as well as individual patterns that emerged from individual cases. The qualitative responses were interpreted through text analysis. Qualitative studies do not allow causal relationships to be established, but rather provide information about relationships and trends; therefore, analysis of the data was aimed at discovering some trends or commonalities in the SLPs' perceptions of bilingual training.

There were two phases of data analysis. The first phase involved the initial compilation of all of the responses to the first set of interview questions. As the responses were grouped and organized and some themes were beginning to emerge, some points of importance surfaced that lacked sufficient information. A set of five follow-up questions was formulated from the areas that were lacking information.

The second phase of data analysis involved synthesis of the second group of responses and integration with the first set. Similar to the analysis process for the first set of questions, the responses of the second set were assembled and clustered to allow for

emergence of similarities and relationships that might be established among the participants. Additionally, the second phase of data analysis involved integration of the two sets of responses in order to draw overall conclusions concerning the research questions. The analysis methods allowed for a qualitative representation of the relationships among a variety of different aspects that were investigated in the study.

CHAPTER FOUR: RESULTS

The initial process of organization and clustering of the participants' responses involved looking at the quantified portions of the responses given by their likert scale ratings as well as the closed ended (i.e., specified answer choices) response selections. Grouping and categorization of the quantified responses of the participants was done in order to identify trends that could be suggested by similarities and/or differences in how the participants responded. The quantitative information was then interpreted in a qualitative manner in order to bring meaning to the data. It should be remembered that the findings are not indicative of causation or direct correlation but rather only imply trends or relationships that may exist within this participant group. Likewise, the information presented in this study does not have great predictive value toward other similar groups and is, therefore, presented in the form of possible questions or implications for further research and investigation. The following relationships were identified and examined.

Perceptions of training impact on confidence

As one of the primary questions of the study was focused on clinicians' perceptions of the impact of training on confidence, this was the starting point for data analysis. In analyzing the responses of the participants relating to their perceptions of the impact of their training on their confidence in working with bilingual Spanish/English populations, it was discovered that there was not complete agreement on this matter. The participants reported varying perceptions of the extent of impact of their training on their confidence. The majority (8/13) of the participants rated their training as having a large

impact on their confidence. The remaining participants (5/13) reported that their training impacted their confidence to a lesser degree. Based on the fact that this data represented clinicians' perceptions of the importance of their training, these findings seemed to suggest that there may be other influential factors, or aspects, that have a relationship to confidence, rather than specified training alone. The following analyses were aimed at identifying the various components that might have a relationship to confidence in addition to looking at any relationships between training and confidence that might surface differently from how the clinicians directly reported it.

Confidence vs. training

The next point of examination involved looking at any relationships that existed between clinician confidence and their training background. Comparisons were made between both clinicians' confidence levels upon entrance into the field as well as current confidence levels and their training background. It is important to note that the two participant groups (those with training and those without) did not contain an equal number of participants. It was discovered through the participant recruitment process that there were far fewer practicing bilingual SLPs with no training compared to those that had received some type of formal training. Although this development of unequal access to trained versus untrained bilinguals SLPs made comparison between the two groups less reliable, it may be an important finding in relation to this research topic in general. This finding may suggest that there may be a greater number of SLPs practicing as bilingual clinicians who have received some specific training than practicing bilingual SLPs without any formal training.

In looking at the relationship between prior training and initial confidence upon entering the work force, it was found that, similar to the findings related to clinician perceptions of training impact on confidence, varying associations existed. The majority of the participants who received training (5/8) reported they were very confident in serving bilingual Spanish/English population upon entering the work force. The remaining minority of participants (3/8) rated themselves as less than very confident with most (2/3) reporting that they were more than somewhat confident. These findings show that the majority of these bilingual SLPs who received specified training had a high level of confidence when they began working with bilingual Spanish/English populations.

The participant group that did not receive specific training regarding bilingual service provision showed more variance than the group with training. There was an almost complete range of confidence levels reported by those bilingual SLPs who had not received formal training. In other words, there were participants who had not received formal training who rated themselves as very confident (lickert 5), initially, all the way down to those who rated themselves as less than somewhat confident (lickert 2). These findings provided further indication that there may be other influential contributors to bilingual clinician confidence in serving bilingual Spanish/English populations.

Confidence vs. language learning environment

Examination of the relationship between the way in which Spanish language learning occurred among the participants and their level of confidence was an important point of analysis. The manner in which a language is learned can sometimes impact the type of proficiency or facility a person will develop with a language, especially if the

language-learning environment provides exposure to many different language contexts (e.g., in a home environment vs. in school) (Baker, 2000; Baker, 2001). It seems reasonable that the type of proficiency a person has with a language would be an indicator of their confidence level in using that language. Therefore, it was important to look at language background as it related to participants' confidence. This angle of analysis was also sparked by the fact that several participants with extensive Spanish language backgrounds but with no training background rated themselves as being somewhat to very confident upon entrance into the work force.

The category criteria for these comparisons was altered slightly from the questionnaire selection choices due to an emerging trend of higher confidence among those participants who had been in an environment that required fluent/continual use of Spanish (e.g., an immersed type of experience). If a participant indicated using Spanish in more than one environment, the environment that would generally require the higher level of fluency (i.e., the environment where the person would be more immersed) was recorded (e.g., home over school/work, or study abroad over school/work).

Comparisons between Spanish language learning environment and both initial confidence and current confidence were made. In looking at clinicians' initial confidence upon entering the field and the relationship to their language background, it was found that six of the thirteen participants rated themselves as very confident (likert scale 5) and had learned language in the home environment. Three participants rated themselves less than very confident but more than somewhat confident (lickert scale 4). These three participants each represented a different category as far as their language learning

background was concerned (i.e., one learned at home, one learned at school/work, and one learned through an immersion experience abroad). The one participant who rated his/her initial confidence as somewhat confident (lickert 3) had learned Spanish in the home environment. There were three participants who rated themselves as less than somewhat confident initially (lickert 2). One of these participants had learned Spanish in the home, while the other two had learned through an immersion experience (e.g., travel, volunteer, or study abroad).

The relationship between Spanish language learning environment and current confidence was less clear as other factors mainly relating to experience, may have influenced how confident the participants felt currently. It was found the six of the eight participants who rated themselves as very confident currently had learned Spanish at home, while two had learned through a different type of immersion experience. Four participants rated themselves as less than very confident but more than somewhat confident. Two of these participants had learned Spanish at home, one had learned in school/work, and the fourth had learned in some other type of immersion experience. It was interesting to find that, while most participants rated their confidence as higher currently in comparison to their initial confidence, there were two participants who rated their confidence as lower than very confident currently as compared to their very confident rating initially. There was one participant who rated his/her current confidence as somewhat confident and who had learned Spanish in the home environment.

In reviewing this data it was found that all the participants who rated themselves as very confident initially had learned Spanish in the home environment. There was

variation in the Spanish language learning background of the participants who rated their confidence at a lower level. These findings raise the question about the influence of having native proficiency in Spanish, or learning in a native type environment, on initial confidence in using the language. In looking at the data pertaining to current confidence levels it was found that the majority of participants increased their confidence regardless of language learning background. The common thread in this may be that experience with and exposure to Spanish in a variety of contexts may have the greatest influence on confidence in using Spanish in the field of speech-language pathology.

Initial confidence vs. Spanish language background

The results of the comparison between Spanish language learning environment and initial clinician confidence showed an interesting relationship between these two factors in that many of the clinicians who had learned Spanish in the home, or native type of environment, seemed to have more confidence in treating bilingual populations initially, regardless of the specific training they had received. This finding added some weight to the argument that language background (i.e., language learning environment, frequency of use, contexts in which Spanish was used) may have as much or more of an impact on clinician confidence than training does. To examine this trend further, initial clinician confidence was compared with Spanish language background. Spanish language background was defined as Spanish language learning environment (where they learned Spanish primarily), Spanish usage (amount of time Spanish was spoken by participants), and the contexts in which the participants used Spanish (home, socially, and/or at work). Based on the findings pertaining to language learning environment it

seemed that language background had the largest impact on initial confidence; therefore, Spanish usage was compared only to the initial confidence of the participants.

There were six participants who rated themselves as very confident initially (lickert 5). Of these six, two stated that they used Spanish the majority of the time (lickert 5), two others stated that they used Spanish half of the time (licker 3), and the remaining two stated that they used Spanish less than half the time (lickert 2). All the participants had learned Spanish in the home environment, although some had had additional Spanish language learning experiences. Four of these participants had used Spanish in all contexts listed. Of the remaining two, one had used Spanish in the home only while the other had used Spanish at home as well as in a work environment. In general the data showed that the participants who initially rated themselves as very confident reported information that was indicative of a rich language background based on part/parts or all of the criteria examined. The participants with high confidence levels had learned Spanish in the context of the home, which is conducive to promoting language fluency and had used their Spanish skills either in a variety of contexts and/or at a frequency level that showed some regularity.

There were three participants who rated themselves as less than very confident but more than somewhat confident initially (lickert 4). One of these participants stated that Spanish was used half the time (lickert 3), that it had been learned in the home environment, and that it had been used in all contexts. The other two stated that Spanish was used less than half the time (lickert 2). Of these two, one had learned Spanish through an immersion experience and had used Spanish in social as well as working

environments. The other of the two stated that Spanish had been learned through school and that it had been used in social and work settings.

The one participant who rated his/her confidence as somewhat confident stated that he/she used Spanish rarely to never (lickert 1). This participant had learned Spanish at home and had only used it in that context. Therefore, although the participant had learned to speak Spanish in a native speaking environment, the lack of time spent using the language and the limited contexts in which Spanish was used may have negatively impacted the initial confidence level.

The three participants who rated themselves as less than somewhat confident initially (lickert 2) had used Spanish different percentages of the time. One participant had used Spanish half the time (lickert 3), had learned it through an immersion experience, and had used Spanish socially and at work. The second participant of this group had used Spanish less than half the time (lickert 2), learned to speak the language at home, and used it at home and socially only. The third participant of the group stated that Spanish was used rarely to never, had learned it through an immersion experience and only used Spanish in the context of the work setting.

Beneficial components of training

To supplement analysis of the data regarding clinicians' perceptions of the beneficial components of their bilingual training, background data was collected regarding the specific areas of bilingualism and multiculturalism that were covered in their academic courses. The participants were asked to indicate the areas covered, based on a designated list with the option to include other areas not listed. The areas were as

follows: language 1 and language 2 development/acquisition, cultural aspects of service delivery, legal aspects of service delivery, assessment procedures, linguistically appropriate assessment instruments, and other (as outlined by M. Galvan, SJSU). It was found that of the participants who had received academic instruction on bilingual issues five of the nine participants had received training in all the areas listed. Three of nine had received training in all the areas listed except in the legal aspects of service delivery and one had training in all areas except in regards to linguistically appropriate assessment instruments. Other areas that were covered in the classes of some participants were best practices (e.g., building L1) and remediation and modification of therapy materials. This data showed that for those clinicians that received training in bilingual service provision, the majority to all of them received training that covered all the general areas usually covered in regards to bilingual service provision.

To discover the components of bilingual training in speech-language pathology that clinicians perceived as beneficial, as well as those areas of deficiency, it was important to allow participants to qualify their experiences. Having the participants make open ended responses made it possible to draw out commonalities among the participants' experiences as well as discover information that might not have been previously considered by the researcher. Analysis of the text responses involved examination the written responses and identification of recurring words, phrases, and/or descriptions of similar components or experiences. Trends or similarities among the responses emerged quickly, showing that there were many commonalities in experience and opinion among participants.

The primary trends that emerged from the data of both phases of written interviews regarding the clinicians' perceptions about what was beneficial or effective in preparing them to work with bilingual clients were as follows: practical experiences, coursework/academic instruction, exploration or exposure to research relating to bilingual issues, supervision from bilingual staff, information/instruction about normal versus abnormal development for bilingual individuals, and instruction about cultural differences in bilingual Spanish/English populations. Although these findings did not bring up extensive novel information about what should be included in bilingual programs, they did reinforce the importance of the need for a comprehensive training regimen. These participants' perceptions indicated that bilingual training must involve instruction about all areas of speech and language service provision, as bilingualism affects all components. Additionally, the incorporation of academic and practical training would create an important multimodal approach.

Training deficiencies

Text analysis was used to interpret the qualitative responses collected from participants regarding their perceptions about training deficiencies for bilingual service provision. The primary trends that emerged regarding participants' opinions of what was lacking from their training experiences were in many ways reflective of what they thought was beneficial. The areas that were perceived as deficient in training programs were as follows: lack of access to bilingual supervisors, lack of information about typical Spanish and/or bilingual language development, lack of experience/information about working with parents and providing counseling, lack of training in treatment and

assessment in general, lack of training regarding the referral process for bilingual individuals, lack of information about evidence-based methods or practices for working with bilingual clients. Therefore, it was found that the areas of training perceived to be deficient were in large part the same components of training found to be beneficial. This finding seems to suggest that many of the components that are included in bilingual training programs are necessary and beneficial; however, students seem to need more exposure to these components in order to gain full benefits and a rounded training experience that will prepare them and provide them with confidence in serving bilingual populations in speech-language pathology.

CHAPTER FIVE: DISCUSSION

The primary aim of the study was to discover the relationship(s) that might exist between pre-service training of bilingual SLPs and their confidence in serving bilingual populations. More specifically, this study was designed to gather more qualitative information about this issue in order to expand or elaborate on previous studies that had yielded quantitative data regarding this theme. The secondary and tertiary objectives of this study were to gain information about what SLPs perceived as beneficial and lacking in bilingual SLP training as well as to uncover any other factors that might be influencing bilingual SLPs' confidence levels. In essence, the study was designed to explore and portray the "clinician experience," and to allow those developing bilingual programs to gain a better understanding of what is necessary, valuable, and important relative to helping clinicians feel prepared upon entry into the work force. An additional aim was to uncover ways that the academic system might support and encourage bilingual clinicians in the process of increasing the number of SLPs who are able to serve bilingual Spanish/English populations.

This study sought information that might be important for professors and department chairs who are developing and/or altering bilingual training programs for speech-language pathologists. As a current graduate student participating in a bilingual training program, the researcher became interested in how bilingual training could become more effective and reach more people. Based on the researcher's limited personal experience, bilingual training programs seem to be comprised mostly of students who have prior Spanish experience. The researcher found it important to find out how

non-native Spanish speakers, or people who do not speak Spanish at all, can become trained as bilingual SLPs. Therefore, the researcher wanted to discover whether training was, in fact, the key to developing clinician confidence for serving bilingual populations, or whether language background might play as significant a role.

In order to create the ability to explore clinicians' perceptions of preparedness in a more transparent manner than a quantitative research design might allow, a qualitative method of interviewing was employed. The clinicians responded to written interview questions in several phases that allowed for complete examination of the target issues. The clinicians were provided the opportunity to respond to open-ended questions, which allowed them the flexibility to address important issues that may not have been anticipated. In this way the researcher was able to delve into each participant's experience by looking at his/her language learning background and environment, bilingual training background, confidence levels and changes that occurred in these levels over time, and specific perceptions and opinions about what was beneficial and lacking in his/her experiences.

Bilingual SLP confidence: influential factors

The findings of the study suggest that there are many influential factors that impacted these bilingual clinicians' confidence. The participants in this study were divided in their perceptions of whether training was an important or unimportant indicator of their confidence in serving bilingual populations. This finding was contrary to what had been expected for the outcome of this investigation. It was anticipated that the findings in relation to clinicians' perceptions of the importance of training would

reflect the results of the study by Hammer et al. (2004). Because the findings of the current study were not reflective of a strong relationship between training and confidence, they raised questions about what other factors might be influencing confidence in addition to training.

Looking at the relationship between training received and confidence ratings by the participants revealed results that were difficult to interpret due to the unequal proportions of participants in each group. It was found that the majority of the bilingual SLPs who received specified training had a high level of confidence when they began working with bilingual Spanish/English populations. The confidence levels of those bilingual SLPs who had not received specified bilingual training represented a wider range of confidence levels. Although no causal relationship should be assumed, it seemed that the people with higher confidence, in general, had received specified training; however, those with lower confidence levels did not necessarily lack specified bilingual training.

Analysis of the data pertaining to the relationship between language learning environment and background and confidence revealed stronger associations than were shown between training and confidence. Review of the data showed that all the participants who rated themselves as very confident initially had learned Spanish in the home environment. The findings indicated that the participants with high confidence levels had learned Spanish in a context that is conducive to promoting language fluency and had used their Spanish skills either in a variety of contexts and/or at a frequency level that showed some regularity.

There was more variation in the Spanish language learning environment and background of the participants who rated their confidence at lower levels. It was more difficult to establish a concrete relationship between language background and lower confidence levels, in part due to a limited number of participants in this group; therefore, specific inferences were only made about the relationship found between those participants who rated themselves at higher confidence levels and language learning background. The implication regarding Spanish language learning environment and background and its effect on confidence was that clinicians with high confidence levels seemed to have benefited from experience with and exposure to Spanish in a variety of contexts, especially situations necessitating fluency and regular use of Spanish. This finding added some weight to the argument that language background (i.e., language learning environment, frequency of use, contexts in which Spanish was used) may have as much, or more, of an impact on clinician confidence than training does.

Considerations for the augmentation of bilingual training programs

The findings relating to clinicians' perception of beneficial and deficient areas of bilingual training were quite comprehensive. Data showed that, those clinicians who received training in bilingual service provision, the majority of them received training that covered all the general areas usually covered to ensure competency in bilingual service delivery (e.g., language 1 and language 2 development/acquisition, cultural aspects of service delivery, legal aspects of service delivery, assessment procedures, linguistically appropriate assessment instruments). Despite this finding, analysis of the qualitative responses provided specific areas that were perceived as sufficient or

insufficient in the training process. The beneficial aspects that were identified were: practical experiences, coursework/academic instruction, exploration or exposure to research relating to bilingual issues, supervision from bilingual staff, information/instruction about normal versus abnormal development for bilingual individuals, and instruction about cultural differences in bilingual Spanish/English populations.

The areas identified as insufficient in many ways reflected those subjects identified as important or beneficial. The components of training perceived by the participants as deficient were: lack of access to bilingual supervisors, lack of information about typical Spanish and/or bilingual language development, lack of experience/information about working with parents and providing counseling, lack of training in treatment and assessment in general, lack of training regarding the referral process for bilingual individuals, lack of information about evidence-based methods or practices for working with bilingual clients. The participants' perceptions suggested that bilingual training must involve instruction in all areas of speech and language service provision, as bilingualism affects all components. Additionally, the findings stressed the importance of using a multimodal approach in training bilingual SLPs (e.g., incorporating both academic and practical training).

Additional findings

Additional underlying themes or sentiments that were found through analysis of the interviews were the presence of individual motivation and drive that caused these bilingual SLPs to seek out and discover research and practical experiences that would aid

their preparation. Although the participants experienced varying modes of preparation, the common thread was that many of the opportunities that were utilized to increase understanding and experience were obtained with very little guidance from outside sources (i.e., opportunities for education and practice were sought out without guidance from university professors and supervisors), especially for those who did not attend bilingual training programs. There seemed to be a common characteristic of internal drive that stemmed from interest in this specific area that allowed these bilingual SLPs to develop their confidence.

The findings of this study exemplified how many different variables are involved and how they impact clinicians' levels of confidence in treating multicultural populations. It seemed as if the factors that influenced confidence varied greatly depending on the individual. This may indicate that experience in all areas is the most comprehensive way of improving confidence levels.

Comparisons to previous research

Although the nature of the study was not conducive to reaffirming or disproving previous findings relating to the correlation between training and confidence, it did build on the findings of the study by Hammer et al. (2004) by adding qualitative information regarding the specifics of what is working well and what is lacking in training programs. This study was not designed to discover a causative relationship between pre-service training and confidence as was shown in Hammer et al. (2004); however, there were some findings of this previous study that could be compared and contrasted with current discoveries.

In their study, Hammer et al. (2004) found that academic courses in general had a small scope of coverage in relation to bilingual issues. The current study revealed information that suggests that bilingual SLPs who received pre-service training received fairly comprehensive or extensive academic training. This previous study discovered a causal relationship between training and confidence, which was elaborated upon by the current study's findings regarding the importance of other factors, such as language learning background and experiences. The current study also revealed important information regarding ways that training programs could be improved, which expands on the findings of Hammer et al. (2004) that training programs were in large part exhibiting deficiencies.

Limitations

Although analysis and investigation of these various components did not uncover causative or specific correlational relationships, due to the nature of qualitative methodology, it did reveal trends that suggest links and associations among many of these factors. Interpretation of the qualitative responses through text analysis proved relatively straightforward, as there were many common trends among the perceptions of the participants. However, there was difficulty in creating groups of participants who were identical due to the wide variety in the details of all the participants' backgrounds and experiences. The participant groupings were therefore established based on similarities but not on the basis of having identical profiles.

Another difficulty in interpreting the weight of some of the data resulted from the inability to find/recruit a number of participants who had received no training equal to

those who had received training. Although this was an interesting finding, in general, as it may be some indication that most SLPs serving bilingual populations have had some type of bilingual training, it complicated the interpretation of the data collected in this study.

An additional note of caution relates to the relatively small sample size that was used in this study. A smaller group of participants was used in order to allow for a more in-depth exploration of specific experiences; however, the limited sample size caused the data to hold little predictive value for generalizing to other similar groups. The findings of this study should be considered representative of this sample and not generalized to other groups.

Implications: future directions

This study was intended in large part to yield information that might be beneficial to program directors and developers in speech-language pathology for improving the way they train and educate students as bilingual SLPs. This study revealed some important issues that personnel who are developing training programs might want to consider. Researchers may want to investigate these issues further.

The findings suggested that the focus in bilingual training should be on exposure, experience, and guidance. The results of this study suggested that it may be just as important to expose students to a variety of experiences that promote the development of Spanish language proficiency, in general, as it is to focus on the theoretical background for treating bilingual populations. However, in order to understand this issue more completely, it may be important to look in more detail at language

background/proficiency levels in relation to confidence in using a second language in the context of service provision in speech-language pathology.

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APPENDIX A

Clinician Interview Questions: Phase I

1. How many years have you been working as a certified/licensed speech-language pathologist?

   0-5 ___
   6-10 ___
   11-15 ___
   16-20 ___
   20+ ___

2. In what context did you learn Spanish (check all that apply)?

   Home ___
   School ___
   Work ___
   Other (please specify) _____

3. Based on the scale below, how much of the time did you use Spanish prior to beginning work as a certified/licensed speech-language pathologist (please rate the amount of time, 1 being rarely, 3 being about ½ the time, and 5 being the majority of the time)?

   1 2 3 4 5

4. In which context(s) did you use Spanish prior to beginning work as a certified/licensed speech-language pathologist (check all that apply)?

   At home/with family ___
   With friends/socially ___
   In the work place ___
   Other (please specify) _____

5. What percentage of your current caseload is bilingual Spanish/English speaking?

   0-25% ___
   25-50% ___
   50-75% ___
   75-100% ___

6. Currently, what percentage of the time do you speak Spanish, while
   a. assessing
      0-25% ___

25-50% ___
50-75% ___
75-100% ___

b. treating

0-25% ___
25-50% ___
50-75% ___
75-100% ___

c. counseling/working with parents or family members

0-25% ___
25-50% ___
50-75% ___
75-100% ___

7. How confident (i.e., feelings of preparedness and competency) did you feel in serving bilingual Spanish/English populations upon beginning work as a certified/licensed speech-language pathologist (please rate your confidence, 1 being not confident, 3 being somewhat confident, and 5 being very confident)?

1 2 3 4 5

8. What type(s) of bilingual training, if any, did you receive prior to working as a certified/licensed speech-language pathologist (select only one answer in addition to your open response)?

No training ___
Academic training (classes) ___
Practical training (bilingual clients) ___
Academic and practical training ___

9. How confident do you feel now in serving bilingual Spanish/English and/or monolingual Spanish populations (please rate your confidence, 1 being not confident, 3 being somewhat confident, and 5 being very confident)?

1 2 3 4 5

10. Of the training received prior to working as a certified/licensed speech-language pathologist, what was most helpful in preparing you to work with bilingual Spanish/English and/or monolingual Spanish populations?

11. What was lacking from your training prior to beginning work as a certified/licensed speech-language pathologist? What type of instruction, opportunities, or activities targeted for bilingual Spanish/English or monolingual Spanish populations do you wish were included in your pre-service training?

12. How did your bilingual training or lack of bilingual training impact your confidence in working with bilingual Spanish/English and/or monolingual Spanish populations (please rate the impact in addition to an open response, 1 being no impact, 3 being some impact, and 5 being large impact)?

    1 2 3 4 5

13. Additional comments you would like to add about your experience.

APPENDIX B

Clinician Interview Questions: Phase II

Please answer the following 5 questions to supplement your answers to the original questionnaire:

1. Which academic institution did you attend for undergraduate and graduate training is speech-language pathology?

Undergraduate _____
Graduate _____

2. If you took academic classes related to bilingualism or multiculturalism, what was covered? (Check all that apply).

___ L1 & L2 development/acquisition
___ Cultural aspects of service delivery
___ Legal aspects of service delivery
___ Assessment procedures
___ Linguistically appropriate assessment instruments
___ Other (please specify) _____

3. Please describe in detail any practical experience you may have had during your undergraduate or graduate training in working with bilingual Spanish/English individuals.

4. If you did not receive any type of training for working with bilingual Spanish/English individuals how did you develop or expand your knowledge (either in school or once in the work force)?

5. What experiences or training would have improved your confidence in working with bilingual Spanish/English speaking individuals, or what would be beneficial now?